

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <div style="text-align: center; font-size: 1.2em;">X 11</div>																												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">MS / MRS / MR</td> <td style="width:20%;">FIRST</td> <td style="width:20%;">MI</td> <td colspan="2"></td> </tr> <tr> <td>Mr</td> <td>John</td> <td>R</td> <td colspan="2"></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>Ryan</td> <td></td> <td colspan="2"></td> </tr> </table>				MS / MRS / MR	FIRST	MI			Mr	John	R			NICKNAME	LAST	SUFFIX				Ryan				<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED APR 26 2019 City Manager's / City Secretary's Office </div>							
	MS / MRS / MR	FIRST	MI																													
Mr	John	R																														
NICKNAME	LAST	SUFFIX																														
	Ryan																															
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">ADDRESS / PO BOX;</td> <td style="width:20%;">APT / SUITE #;</td> <td style="width:20%;">CITY;</td> <td style="width:20%;">STATE;</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td>P.O. Box 97</td> <td></td> <td>Denton</td> <td>TX</td> <td>76202</td> </tr> </table> <div style="margin-top: 5px;"> <input type="checkbox"/> Change of Address </div>				ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	P.O. Box 97		Denton	TX	76202																			
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:40%;">EXTENSION</td> </tr> <tr> <td>(940)</td> <td>206-7213</td> <td></td> </tr> </table>				AREA CODE	PHONE NUMBER	EXTENSION	(940)	206-7213		Date Received Date Hand-delivered or Date Postmarked																					
AREA CODE	PHONE NUMBER	EXTENSION																														
(940)	206-7213																															
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">MS / MRS / MR</td> <td style="width:20%;">FIRST</td> <td style="width:20%;">MI</td> <td colspan="2"></td> </tr> <tr> <td>Mrs</td> <td>Bette</td> <td></td> <td colspan="2"></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>Sherman</td> <td></td> <td colspan="2"></td> </tr> </table>				MS / MRS / MR	FIRST	MI			Mrs	Bette				NICKNAME	LAST	SUFFIX				Sherman				<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged	
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9 REPORT TYPE <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>																																
10 PERIOD COVERED <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Month</td> <td style="width:20%;">Day</td> <td style="width:20%;">Year</td> <td style="width:20%;"></td> <td style="width:20%;">Month</td> <td style="width:20%;">Day</td> <td style="width:20%;">Year</td> </tr> <tr> <td>3</td> <td>26</td> <td>2019</td> <td style="text-align: center;">THROUGH</td> <td>4</td> <td>24</td> <td>2019</td> </tr> </table>						Month	Day	Year		Month	Day	Year	3	26	2019	THROUGH	4	24	2019													
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11 ELECTION		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"> ELECTION DATE Month Day Year 5 / 4 / 2019 </td> <td style="width:60%;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>				ELECTION DATE Month Day Year 5 / 4 / 2019	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special																									
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12 OFFICE		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> OFFICE HELD (if any) Denton City Council, District 4 </td> <td style="width:50%;"> 13 OFFICE SOUGHT (if known) </td> </tr> </table>				OFFICE HELD (if any) Denton City Council, District 4	13 OFFICE SOUGHT (if known)																									
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

John Ryan

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -0-

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 8170.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$ 101.41

4. TOTAL POLITICAL EXPENDITURES

\$ 8967.33

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

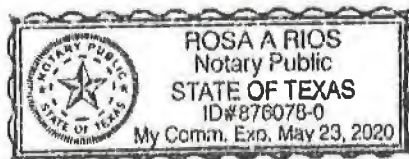
\$ 895.61

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 4700.00

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

John Ryan

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said John Ryan, this the 26th day of April, 2019, to certify which, witness my hand and seal of office.

Rosa A. Rios

Signature of officer administering oath

Rosa A. Rios

Printed name of officer administering oath

Notary Public

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME John Ryan		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8170.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$8862.92
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3**2** FILER NAME

John Ryan

3 Filer ID (Ethics Commission Filers)**4** Date

3/27/19

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

James Owen

6 Contributor address;

City; State; Zip Code

2007 Teasley LN #109 Denton, TX 76205

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

4/3/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Denton Professional Fire Fighters

Contributor address;

City; State; Zip Code

P.O. Box 2534 Denton TX 76202

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/27/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Randy and Sandra Robinson

Contributor address;

City; State; Zip Code

2913 Destin Dr Denton TX 76205

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Apartment Association of Greater Dallas-PAC

Contributor address;

City; State; Zip Code

5728 LBJ Frwy, Ste 100 Dallas, TX 75240

Amount of contribution (\$)

\$5000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3**2** FILER NAME

John Ryan

3 Filer ID (Ethics Commission Filers)**4** Date

4/18/19

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Kent and Cheryl Key

6 Contributor address;

City; State; Zip Code

3100 Triple Crown CT Denton TX 76210

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

4/19/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

HBA of Greater Dallas HOMEPAC

Contributor address;

City; State; Zip Code

5816 W Plano Pkwy Plano TX 75093

Amount of contribution (\$)

\$1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/22/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Marta Menn

Contributor address;

City; State; Zip Code

2717 Skivue Dr Argyle, TX 76226

Amount of contribution (\$)

\$20.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Richard Smith

Contributor address;

City; State; Zip Code

721 W Hobson Denton TX 76205

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3**2** FILER NAME

John Ryan

3 Filer ID (Ethics Commission Filers)**4** Date

4/20/19

5 Full name of contributor☐ out-of-state PAC (ID#: _____)

Perry McNeill

6 Contributor address;

City; State; Zip Code

3671 Tuscan Hills Circle Denton TX 76210

7 Amount of contribution (\$)

\$75.00

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

4/22/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sara Marotto

Contributor address;

City; State; Zip Code

1812 Buena Vista Dr Denton TX 76210

Amount of contribution (\$)

\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

J Michael Riley

Contributor address;

City; State; Zip Code

12200 Rector Rd Sanger TX 76266

Amount of contribution (\$)

\$300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/24/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Austin & Sherrie Baker

Contributor address;

City; State; Zip Code

3108 Triple Crown CT Denton TX 76210

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME John Ryan		3 Filer ID (Ethics Commission Filers)	
4 Date 4/3/19		5 Payee name City Bank Card			
6 Amount (\$) \$222.00		7 Payee address; City; State; Zip Code P.O. Box 78009 Phoenix AZ 85062			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/2/19		Payee name Printing Place			
Amount (\$) \$1356.59		Payee address; City; State; Zip Code 1130 Ave H East Arlington TX 76011			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing and Mailing of flyer	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/30/19		Payee name Grass Routes			
Amount (\$) \$888.01		Payee address; City; State; Zip Code 2541 S I 35 Suite 200-189 Round Rock, TX 78664			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Counsulting Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Management	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 3/30/19		5 Payee name Grass Routes			
6 Amount (\$) \$207.88		7 Payee address; City; State; Zip Code 2541 S I 35 Suite 200-189 Round Rock, TX 78664			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Thank you cards	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/30/19		Payee name Grass Routes			
Amount (\$) \$1495.00		Payee address; City; State; Zip Code 2541 S I 35 Suite 200-189 Round Rock, TX 78664			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Counsulting Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Counselling	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 3/30/19		Payee name Grass Routes			
Amount (\$) \$1495.00		Payee address; City; State; Zip Code 2541 S I 35 Suite 200-189 Round Rock, TX 78664			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Counsulting Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME John Ryan		3 Filer ID (Ethics Commission Filers)	
4 Date 3/30/19		5 Payee name Grass Routes			
6 Amount (\$) \$214.87		7 Payee address; City; State; Zip Code 2541 S I 35 Suite 200-189 Round Rock, TX 78664			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Consulting	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/10/19		Payee name TK Print Shop			
Amount (\$) \$266.30		Payee address; City; State; Zip Code 3401 E University #104 Denton TX 76208			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T shirts	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 4/18/19		Payee name TK Print Shop			
Amount (\$) \$32.47		Payee address; City; State; Zip Code 3401 E University #104 Denton TX 76208			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Printing Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T shirts	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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Consulting Expense
Contributions/Donations Made By
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Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME John Ryan	3 Filer ID (Ethics Commission Filers)
4 Date 4/23/19	5 Payee name 90 Degrees Agency, LLC	
6 Amount (\$) \$2250.00	7 Payee address; City; State; Zip Code PO Box 1598 Cedar Park, TX 78630	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing door to door
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 4/22/19	Payee name Grass Routes	
Amount (\$) \$1356.59	Payee address; City; State; Zip Code 2541 S I 35 Suite 200-189 Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing and Mailing Flyer
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 4/22/19	Payee name Grass Routes	
Amount (\$) \$382.50	Payee address; City; State; Zip Code 2541 S I 35 Suite 200-189 Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic Design
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

The Instruction Guide explains how to complete this form.

Revised 9/8/2015